

Supported Living Information Session – June 20, 2007

Opening Remarks presented by, Kathryn duPree, DMR Deputy Commissioner

First, I want to welcome each of you to the information session on supported living. It is important that we have the opportunity to discuss the issues and challenges associated with this service in partnership with our public and private agency leaders as we undertake the evolution of a service that has a rich history in Connecticut.

We invited you all to a conference on Supported Living. However, I must first begin by acknowledging that is time to bid farewell to the Supported Living Program. Born in the late 80's as a product of an academic think tank and supported by the department's deputy commissioner Charlie Galloway and financed by a line item created by Lee Voghel, then LOFA budget analyst for DMR, it was a progressive step for Connecticut. It was first suggested by the Center on Human Policy of Syracuse University in their analysis of CT's CLA model. They suggested it as a necessary alternative to our expensive CLAs that they assessed as over supervising many people in an inflexible service delivery model.

In 1989 another study was done jointly by Beth Mount, national consultant, and staff of the OPA who were concerned about the lack of support for individuals in the community. They referenced this new supported living initiative as a positive step to "provide residential supports to people who want to live independently with staff supports tailored to meet their needs".

The department supported it at the time as a way to advance the mission to further people's independence and inclusion. The Legislator saw it as a way to contain costs and save money. With executive branch and legislative support it has enjoyed a long life of almost 20 years. It has given people who wanted to leave group homes a comfortable and respectful landing place, while creating room in our CLAs for people with greater needs for supervision. It also has broadened the options we had to offer families past traditional group residences and CTHs. It nurtured staff to develop new skills working with individuals to build their own competencies to live more independently. It helped communities understand that

individuals with disabilities were not totally dependent on others for their care. Most importantly, it has satisfied many of our consumers who have been able to live with more privacy, dignity, choice and control about their lives and routines.

Although the Supported Living Program is an important part of our history and a building block for the self determination movement, as a program model it has become outmoded and even a source of confusion, as inhow is a 24 hour SLP different from a CLA? In reviewing the history of the program I was struck by the many references to individualized services, not supplanting natural supports, giving people more control and even recommending that people choose their own providers. In 1989 the UCE of Connecticut produced a paper: SUPPORTED LIVING AN EMERGING CONCEPT. The paper states that “ supported living can best be described as a concept rather than a model of human services where you live where you choose, build on your natural supports and have individualized services. Sounds a lot like our description of self determination through individualized supports.

So in listening to these wise authors of the 80's and thinking of the SL Program I suggest it is time to sing its praises, remember it fondly, and be willing to put it to rest with a respectful burial. People don't live in programs. They live in homes, with their family ,with others, or on their own. Wherever they live they can receive paid supports.

When we lose something we expect something else to take its place. The direction for this change away from supported living as a program model has evolved in CT during the past few years. We have embraced individual support with the option of receiving it in one's own home or family home. As we read through the array of waiver services we find the components of our beloved SL program all available. We need to change our terminology away from SL programs to embrace individual supports delivered in ONE'S OWN HOME. There will be less confusion and a common definition for supports for all people choosing to live on their own, whether assisted by a provider or through staff hired directly.

This requires a shift in our thinking and our organizational culture. Individual support is provided through one's selection of a range of

waiver services that are chosen to meet one's unique needs. It is NOT a program from which you are discharged as your needs change. Consumers may still talk about living in a SL Program. But as leaders our language and thinking need to change to reflect the progress of our field, or just our ability to listen to the wise words of the academics who wrote of these ideas 20 years ago.

In our current system, people receive an allocation based on their needs. Individuals who want to live in their own homes will buy the supports they need, either through a provider or by hiring their own staff. Those needs will probably change over time as age and its implications for one's health care have an impact. Our system gives us the flexibility to let people change how they use their resources: more community activities when you are younger, more health care coordination and companionship as you age. The area needing the department's attention is to assure we can INCREASE the allocation quickly when extra, not just different support is required. We will continue to advocate with OPM and the Legislature to establish a risk pool. Until we are successful, we will continue to review the need for increased resources through our PRATs and use our one time funding, sometimes over and over again.

We know that not all increases in needs are easy to address as our population ages. Our goal is to support people to remain in their own homes and we must respond to the health care coordination issue as one part of the solution. But other areas need our attention. As you later hear about what the LON data is telling us, I hope you will partner with us to think about new options including live in caregivers... or companion support.... or clustered apartments for those who need increased supervision but want to maintain their autonomy. We must work together to develop responsive supports that provide alternatives to more costly and less flexible settings while recognizing that some people, despite our best efforts will need to move to places that can offer more traditional 24 hour care. We may need CLAs, ICFS MR and regional center units that can become specialty providers for those individuals who require regular nursing support as they age. For any of these alternatives to work, we need to build provider capacity and increased availability of trained staff to be directly hired. Later this morning there will be opportunities to reflect

on these issues during the round table discussions and to hear your ideas.

Thank you for joining us today as we bid farewell to the Supported Living Program and welcome the opportunity to work together to build a stronger system of individual supports tailored to our customers needs and preferences that can recognize and respond to both predictable and sometimes unexpected changes. I look forward to benefiting from your recommendations, addressing your concerns and together improving our service delivery system.